



**Florida Department of Highway Safety  
and Motor Vehicles**  
***Division of Motorist Services***  
***Manufactured Housing Section***

<b>PROCEDURE:</b> MHS - 08	<b>SUBJECT:</b> MANUFACTURED HOME PLANT APPROVAL
<b>DESCRIPTION AND USE:</b> This procedure concerns approval of manufactured home manufacturing plants and their certification.	

**I. INTRODUCTION:**

It is the Production Inspection and Primary Inspection Agency's (IPIA) responsibility to ensure the quality control procedures being followed by manufactured home manufacturers are consistent with the Quality Assurance (QA) Manual and fulfill the procedures approved by the Design Approval Primary Inspection Agency (DAPIA). In Florida the IPIA is the Manufactured Housing Section (MHS). There are five DAPIAs which are private businesses which do design approval on behalf of the U. S. Department of Housing and Urban Development (HUD). The process for approving manufactured home plants must continue until such time as the IPIA is satisfied that the manufacturer can produce homes in compliance with the Federal Manufactured Home Construction and Safety Standards promulgated by HUD (CFR Title 24 Part 3280).

**II. PLANT APPROVAL:**

The following conditions/criteria shall require complete plant certification.

- A. Opening of new plant.
- B. Addition of a new production line.
- C. Failure of increased frequency of inspection to resolve problems related to the cause(s) of implementation of such an increase in frequency of inspections.
- D. Requiring addition of a second production shift(s).
- E. Relocation of manufacturer.
- F. Change of DAPIA with new package. (Not an overstamp).

***Revisions to this procedure: Attachment F revised 01/16. Section VII 2<sup>nd</sup> paragraph changed MHS engineer to MHS Section Supervisor and amended last sentence to read that Section Supervisor will recommend whether certification should be granted.***

	<b>EFFECTIVE DATE</b> 02 - 15 - 77	<b>REVISION DATE</b> 01/05/16	<b>PAGE #</b> 1 of 23
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### III. REQUIREMENTS AND RESPONSIBILITIES OF THE MANUFACTURER:

In order for a new plant approval to be performed the manufacturer must:

- A. Be licensed and bonded in accordance with Section 320.8225, Florida Statutes.
- B. Request in writing to IPIA Headquarters that a plant approval be initiated.
- C. Complete the Preliminary Plant Approval Questionnaire furnished to the manufacturer after IPIA headquarters has received the written request for plant approval (**see Attachment A on page 7**). A proposed starting date must be indicated by the manufacturer with at least 20 days lead-time after the Preliminary Plant Approval has been received by the MHS.
- D. Have a complete set of DAPIA approved plans and specifications, QA Manual and quality control (QC) checklist designed to follow the work process.
- E. The manufacturer is responsible for assuring that production supervisors and QC personnel are fully trained before the plant approval process begins.

### IV. REQUIREMENTS AND RESPONSIBILITIES OF THE MH ENGINEER:

The following duties must be performed by the MHS engineer or designee appointed by the Section Supervisor of the MHS prior to granting plant certification:

- A. Assure the Preliminary Plant Approval Questionnaire has been completed.
- B. Review DAPIA approved design.
  - 1. Assure the designs are DAPIA approved.
  - 2. Point out the restrictive aspects of the design to the assigned compliance examiner.
  - 3. Assure that the designs are in accordance with the appropriate standards.
  - 4. Resolve with the manufacturer and DAPIA any portion of the design that is believed to be in violation of the standards.
  - 5. Perform periodic monitoring to assure that the manufactured homes are produced in accordance with DAPIA approved designs and, in the absence of approved designs, to the Standards.
  - 6. Report findings made during each monitoring visit to the section supervisor of the MHS with copies to the manufacturer and the appropriate program supervisor.
- C. Review DAPIA approved Quality Assurance Manual.
  - 1. Assure that the QA Manual is DAPIA approved.

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2. Assist the compliance examiner in becoming completely familiar with the quality control procedures that the manufacturer's quality control personnel are to follow.
  3. Assure that the QA Manual is in compliance with the appropriate regulations.
  4. Resolve with the manufacturer and the DAPIA any portion of the QA Manual that may differ from the regulations.
  5. Perform periodic monitoring of the manufacturing process to assure that quality control personnel are performing in accordance with the QA Manual. A complete report shall be furnished to the regional office of the MHS.
- D. Evaluate and review the manufacturer's label control procedures.
- E. Assure that the manufacturer has developed procedures for maintaining service records. (**See Attachment B on page 9**).
- F. Assure that the manufacturer has developed procedures for maintaining permanent records.
- G. Verbally notify Section Supervisor immediately and follow-up with the complete certification report upon release of labels to the manufacturer. Complete and mail HUD's Certification Activities Report within 14 days of the plant certification date (**see Attachment C on page 10**).

### V. REQUIREMENTS AND RESPONSIBILITIES OF THE MANUFACTURED HOUSING PROGRAM SUPERVISOR:

The program supervisor shall coordinate the plant approval process and work closely with assigned compliance examiners during the plant approval process. The following is a list of duties that must be performed by the program supervisor or designee before plant approval is granted.

- A. The program supervisor shall complete the top portion and Part I of HUD's Certification Activities Report and mail it to MHS headquarters.
- B. Preliminary Plant Approval forms (**see Attachments A and D on pages 7 and 11 respectively**) are to be completed for plant certification and Attachments C and H (**on pages 10 and 23 respectively**) for updating certification. The program supervisor shall complete the Plant Approval form (**see Attachment D on page 11**) and mail it to the section supervisor at MHS headquarters.

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- C. HUD labels ordered by the manufacturer during the certification process shall be mailed to and maintained by the program supervisor and issued to the manufacturer after each unit has been inspected under 100% inspection procedures. Labels issued to the manufacturer are to be recorded weekly on form HSMV-81313 (**see Attachment E on page 18**). HUD labels will be released to the manufacturer after approval has been granted.
- D. Review the assigned compliance examiner's HSMV-81010 and HSMV-81009 inspection reports (**see Attachments F and G on pages 19 and 21 respectively**) to ensure that the reports are filled out completely and properly. Refer to Section VI, Requirements and Responsibilities of the Compliance Examiner, for details on completing forms HSMV-81010 and HSMV-81009 during plant approval.

### **VI. REQUIREMENTS AND RESPONSIBILITIES OF THE COMPLIANCE EXAMINER:**

The following is a list of the duties which the compliance examiner is to perform to assure a complete plant approval:

- A. Complete Plant Approval form (**see Attachment D**) on each new manufactured home plant as the plans and specifications are being reviewed.
- B. Review approved design/QA Manual with the MHS Program Supervisor.
  - 1. Become familiar with all aspects of the approved design/QA Manual.
  - 2. Bring to the attention of the program supervisor any deviations that may exist in the design/QA Manual.
  - 3. Discuss with the program supervisor any portion of the design/QA Manual that is not understood.
- C. Perform 100% inspection of every manufactured home in the line consistent with station/work areas as detailed in the QA Manual to assure that every manufactured home is in compliance with the design/standards. Form HSMV-81010 shall reflect each station regardless of type of unit, vacant position (station) or whether any violations were documented. The actual certification unit must be inspected in each station as it moves through the production line.
- D. Complete form HSMV-81010 and HSMV-81009, if applicable, for each day an inspection is made in accordance with the following:

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1. Record the complete serial number and stage of production (station), as detailed in the QA Manual for all units in production.
  2. If the manufacturer is not building in compliance with the approved design, or HUD standards, or if QC personnel are not performing according to the QA Manual, the compliance examiner shall complete a form HSMV-81010 and, if applicable, a form HSMV-81009.
  3. Describe corrective action in the designated column. If the correction was not made during normal inspection, the correction column for the violation shall be left blank with the exception of the red tag number. When the red tag is removed, the red tag number and corrective action shall be recorded on form HSMV-81010 with a cross reference as to the date that the home was red tagged.
- E. Evaluate compatibility of the QA checklist with work process descriptions.
- F. Verify that the HUD label is properly affixed and Data Sheet is properly completed.
- G. The compliance examiner shall utilize the tracking chart when conducting plant approval or update certification (**see Attachment H on page 23**). This form will assure that all units will be listed by ID number and will track each unit's inspection in every station. This will also be submitted as part of the plant approval or update certification to HUD.
- H. The compliance examiner must witness all tests required by the QA Manual on every unit produced prior to the plant being certified, and must assure that QC personnel are completely familiar with the methods of testing required by the QA Manual before plant approval is granted. These observations are to be documented on form HSMV-81010.

### VII. GRANTING PLANT APPROVAL:

Plant approval shall be granted provided all deviations have been corrected and all requirements have been met through 100% inspection as required by the Federal Manufactured Home Construction and Safety Standards.

When the program supervisor and compliance examiner have evaluated the QC process and believe that the manufacturer is constructing homes according to the DAPIA design/standards, the program supervisor will then contact the MHS Section Supervisor to request an overall assessment of the QC and production processes. Based on this review, the MHS Section Supervisor will recommend whether certification should be granted

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### VIII. UPDATING OF PLANT CERTIFICATION:

- A. Plant certification shall be updated when any one of the following conditions exist at the manufacturing plant:
  - 1. Change of DAPIA (package over-stamped).
  - 2. Additions or modifications in the production line process.
  - 3. Major changes in elements of the quality assurance program.
  - 4. Changes in product line, such as addition of 16 foot wide or multi-wide models.
  - 5. Major changes in key quality assurance personnel.
  - 6. Start-up after more than a thirty day period in which the plant has been shut down.
  - 7. Major changes in the design package.
- B. During the certification updating process, the requirements and responsibilities previously addressed in this procedure are to be reviewed to assure that the manufacturer is continuing to produce homes in compliance with the DAPIA approved package.
- C. During 2010, the U.S. Department of Housing and Urban Development (HUD) introduced a new requirement for updating a plant's certification. Essentially, this involves a detailed review of the plant's quality control manual approved by the Design Approval Primary Inspection Agency (DAPIA) and proof that the plant is operating in accordance with this quality control manual.

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### Attachment A Preliminary Plant Approval Questionnaire

MANUFACTURER: Homes of Merit # 3                      DATE: January 13, 2004  
ADDRESS: 111222 South Street                      DAPIA: RFP, Inc  
Ocala, Florida

1. Manufacturer license number: MH000 this plant is not licensed, when was the license applied for and under what name? Homes of Merit
2. Date the manufacturer plans to start production? January 31, 2004
3. Predicted total number of HUD units to be manufactured: Number per week 30  
Number of 12' 0 Number of 14' 7 Number of 16' 10 Number of Multi-wide units 30
4. Does this plant location have a copy of the Federal Manufactured Home Construction and Safety Standard and Enforcement Regulations? Yes  
NOTE: If no, a copy of the Federal Standards must be at the plant before the plant approval can begin.
5. The date the manufacturer's plans were approved by DAPIA: December 15, 2003
6. The date the quality control manual was approved by the DAPIA: December 15, 2003
7. Are the materials that are used in the manufacturing of manufactured homes protected from weather? Yes
8. Is the following test equipment available at the plant?

		Date Calibrated
a.	Dielectric Tester	<u>Yes</u> 01/04/04
b.	Continuity Tester	<u>Yes</u> 01/04/04
c.	GFI Tester	<u>Yes</u> 01/04/04
d.	Polarity Tester	<u>Yes</u> 01/04/04
e.	Gas Line Tester	<u>Yes</u> 01/04/04
f.	Water Line Tester	<u>Yes</u> 01/04/04
g.	Moisture Line Tester	<u>Yes</u> 01/04/04
h.	Tire Depth Gauge	<u>Yes</u> 01/04/04
i.	Tire Pressure Gauge	<u>Yes</u> 01/04/04

If any of the above items are checked, please explain: \_\_\_\_\_

9. Please give the names of assigned quality control, personnel and the order in which the function.

NAME	TITLE	PREVIOUS EXPERIENCE
Betty Jones	Manager	Construction Foreman

10. Are quality control personnel familiar with the approved Quality Control Manual? Yes  
Has a quality control program been implemented? Yes  
If no, please explain: \_\_\_\_\_
11. Are there approved plans available at each station of production? Yes  
If no, please explain: \_\_\_\_\_

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Preliminary Plant  
Approval Questionnaire  
Page two  
March 9, 2016

12. At the completion of the plant approval and the release of HUD labels to you, how are you going to store the labels and issue them for use to assure proper assignment and protection from loss? Please explain: (See Federal Regulations 3282.362(c)(1)(ii)) Locked in Safe
13. Federal Regulations, Subpart I, requires the manufacturer to maintain complete records on all complaints which shall include the name of the person making the determination for class and the method used.  
  
(See Federal Regulations 3282.409(c) method) Attached for your use is a sample form that will provide the information required by Subpart I. This information shall be readily accessible to SAA and HUD for monitoring.
14. Is this a new building No or existing plant Yes?
15. Is this a change of ownership? No  
  
If yes, answer the following questions and attach explanation of changes.  
  
Will a change be made in:  
  
a. Yes Employees  
b. Yes Quality Control Program  
c. Yes Plans and Specifications  
d. Yes DAPIA



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### ATTACHMENT B

#### SAMPLE MANUFACTURER'S COMPLAINT RECORD

(Subpart I)

1. ID# \_\_\_\_\_ 2. CONSUMER'S NAME \_\_\_\_\_
3. HUD LABEL # \_\_\_\_\_ ADDRESS \_\_\_\_\_
4. RECEIVED FROM \_\_\_\_\_ CITY \_\_\_\_\_
5. DATE RECEIVED \_\_\_\_\_ PHONE # \_\_\_\_\_

6. DATE INVESTIGATED \_\_\_\_\_ BY \_\_\_\_\_

7. LIST RESULT OF INVESTIGATION AND ACTION TAKEN \_\_\_\_\_

8. WAS THERE A STANDARDS RELATED PROBLEM? ☐ YES ☐ NO

IF THE ANSWER TO QUESTION # 8 IS YES THEN QUESTIONS 9 & 10 MUST  
BE ANSWERED.

#### REFERENCE

9. WAS THIS PROBLEM UNIQUE? ☐ YES ☐ NO FEDERAL REGULATIONS (Subpart I 3282.401 thru 416)

(a) HOW WAS IT DETERMINED THAT THIS PROBLEM WAS UNIQUE? \_\_\_\_\_

(b) WHAT UNITS WERE CHECKED IN MAKING YOUR DETERMINATION? \_\_\_\_\_

(c) WHO MADE THE DETERMINATION? \_\_\_\_\_

10. ID # OF OTHER HOMES WITH IDENTICAL PROBLEMS \_\_\_\_\_

	Name	Title
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Comments \_\_\_\_\_

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### ATTACHMENT C HUD Certification Activities Report

**IPIA** \_\_\_\_\_

Manufacturer's name: \_\_\_\_\_ DAPIA: \_\_\_\_\_

Manufacturer's mailing address: \_\_\_\_\_ Plant location: \_\_\_\_\_

\_\_\_\_\_

Plant's telephone and fax numbers: \_\_\_\_\_

Plant's general manager: \_\_\_\_\_ No of work stations in plant: \_\_\_\_\_

Type of certification to be conducted: \_\_\_\_\_ Complete \_\_\_\_\_ Update

If this is an update, describe why the certification is being updated:

\_\_\_\_\_

\_\_\_\_\_

Part I	Part II
(To be completed when the certification is planned, with the information that is available at that time.)	(To be completed after the certification is finished.)
Date Completed: _____	Date completed: _____
Completed by (name, title): _____	Completed by (name, title) _____
_____	_____
Certification dates (start-end): _____	Certification dates (start, end): _____
Number of floors produced per day at end of certification: _____	Number of homes inspected and Labeled by IPIA: _____
IPIA personnel who will participate in certification:	Number of floors produced per day at end of certification: _____
Supervisor: _____	Dates issued to manufacturer:
Inspectors: _____	Certification Report: _____
_____	HUD labels: _____
	IPIA personnel who participated in certification:
	Supervisor: _____
	Inspectors: _____
	_____

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### ATTACHMENT D

## PLANT APPROVAL / UPDATE

### CONTENTS

	<u>Page Number</u>
GENERAL INFORMATION .....	MHS-08-12
1. ASSIGNMENT OF PERSONNEL.....	MHS-08-12
2. REVIEW OF QUALITY ASSUREANCE MANUAL.....	MHS-08-12
3. REVIEW OF DESIGN.....	MHS-08-13
4. INSTALLATION INSTRUCTIONS.....	MHS-08-15
5. FLOOR PLAN DETAIL.....	MHS-08-15
6. ELECTRICAL DETAIL.....	MHS-08-15
7. WATER SYSTEM SCHEMATIC.....	MHS-08-15
8. PLUMBING WASTE & VENT SYSTEM.....	MHS-08-15
9. HEATING / COOLING SYSTEM.....	MHS-08-16
10. FINAL FINISH.....	MHS-08-16
11. OBSERVATIONS OF Q.C. PERSONNEL'S ABILITY AND PERFORMANCE.....	MHS-08-16
12. CONSUMER COMPLAINT RECORDS.....	MHS-08-17

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### PLANT APPROVAL

MANUFACTURER:

PRODUCTION MANAGER:

\_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

DAPIA: \_\_\_\_\_

\_\_\_\_\_

GENERAL MANAGER:

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Quality Control Personnel: \_\_\_\_\_

\_\_\_\_\_

Plans Used in Approval (Number and Date): \_\_\_\_\_

Quality Assurance Manual: ☐ YES ☐ NO Date Plant Approval Started \_\_\_\_\_

Quality Control Manual: ☐ YES ☐ NO Date Plant Approval Completed \_\_\_\_\_

\_\_\_\_\_

1. ASSIGNMENT OF PERSONNEL PAGE NUMBER \_\_\_\_\_

2. REVIEW OF QUALITY ASSURANCE MANUAL (Federal Regulation 3282.203(c))

YES/NO

\_\_\_\_\_ A. Organization charts showing accountability by position.....Page Number\* \_\_\_\_\_

\_\_\_\_\_ B. Are there personnel responsible for receiving of materials?.....Page Number \_\_\_\_\_

\_\_\_\_\_ C. Are these personnel authorized to reject material?.....Page Number \_\_\_\_\_

\_\_\_\_\_ D. Are personnel in production stations authorized to reject material?.....Page Number \_\_\_\_\_

\_\_\_\_\_ E. Does the manufacturer have a book prepared to record all purchases?

\_\_\_\_\_ F. Proper storage provided for material?

\_\_\_\_\_ G. Does the manufacturer have a separate area designated for the storage of rejected material?

\_\_\_\_\_ H. Production prints kept at each stage of production?

\_\_\_\_\_ I. Is an inspection checklist filled out at the proper station?

\_\_\_\_\_ J. Does this inspection checklist provide for recording the method of correction?

K. How many stations or stages in the production line? \_\_\_\_\_

L. What steps are taken if a serious defect occurs at some stage of production?

\_\_\_\_\_  
\_\_\_\_\_  
\*Page number refers to the relevant page of the plant's DAPIA-approved Quality Assurance (QA) Manual.

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YES/NO

- \_\_\_\_\_ M. A description of production test and equipment?
- |   |   |                   |
|---|---|-------------------|
| <input type="checkbox"/> Water.....               | <input type="checkbox"/> Equipment..... | Page Number _____ |
| <input type="checkbox"/> Drainage.....            | <input type="checkbox"/> Equipment..... | Page Number _____ |
| <input type="checkbox"/> Gas.....                 | <input type="checkbox"/> Equipment..... | Page Number _____ |
| <input type="checkbox"/> Polarity Receptacle..... | <input type="checkbox"/> Equipment..... | Page Number _____ |
| <input type="checkbox"/> Polarity Fixture.....    | <input type="checkbox"/> Equipment..... | Page Number _____ |
| <input type="checkbox"/> Continuity.....          | <input type="checkbox"/> Equipment..... | Page Number _____ |
| <input type="checkbox"/> Dielectric.....          | <input type="checkbox"/> Equipment..... | Page Number _____ |
| <input type="checkbox"/> Operational.....         | <input type="checkbox"/> Equipment..... | Page Number _____ |
| <input type="checkbox"/> Egress Window.....       | <input type="checkbox"/> Equipment..... | Page Number _____ |
- \_\_\_\_\_ N. Is there a list of Quality Control Inspectors per station, guideline for each of these Inspections?.....Page Number \_\_\_\_\_
- \_\_\_\_\_ O. Is there a manufactured home set-up and homeowners manual Provided?.....Page Number \_\_\_\_\_

### 3. REVIEW OF DESIGN (FEDERAL REGULATIONS 3282.203(I)(11))

- A. Drawing and specifications showing detail and layout chassis (size, spacing, splicing, and location)
1. Chassis components (outriggers, I-beam, and cross members). Page Number \_\_\_\_\_
  2. Chassis connection and welds..... Page Number \_\_\_\_\_
  3. Blocking centerline, perimeter and I-beam..... Page Number \_\_\_\_\_
  4. Tires (Ply Rating)..... Page Number \_\_\_\_\_
  5. Axles spacing, etc..... Page Number \_\_\_\_\_
  6. Brake test..... Page Number \_\_\_\_\_

YES/NO

- |                  |       |
|------------------|-------|
| a. Road Test     | _____ |
| b. Calculations  | _____ |
| c. 12' wide unit | _____ |
| d. 14' wide unit | _____ |
| e. 16' wide unit | _____ |

#### B. Floor Details (**Please provide page number to the following**).

	Page No.		Page No.
Lumber grade	_____	Size Floor	_____
Spacing	_____	Perimeter Joist	_____
Glue Application	_____	Splicing	_____
Fasteners size	_____	Glues	_____
Gauge, number & pattern	_____	Drilling/Cutting	_____
Sheawall Support	_____	Vapor Barrier	_____
Insulation R-Factor	_____	Repair of floor joist	_____
Size Floor Joist	_____	Moisture Protection	_____
Decking and Special	_____	Splicing	_____
Layout Details	_____	Thickness &	_____
Fasteners size, gauge	_____	Rating	_____
number and pattern	_____	Glue Application	_____

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YES/NO

\_\_\_\_\_ C. Walls (load bearing and non-load bearing)? **(Please provide page number to the following.)**

	<b>Page No.</b>		<b>Page No.</b>
Air Infiltration	_____	Glue Application	_____
Lumber Grade	_____	Header	_____
Size	_____	Insulation R-Factor	_____
Spacing	_____	Special Framing	_____
Splicing	_____	Vapor Barrier	_____
Fastening Schedule	_____	Size Top and	_____
Fasteners size, gauge,	_____	Bottom Plate	_____
number and pattern	_____	Repair Method(s)	_____
Pattern for Fastening	_____		

\_\_\_\_\_ D. Shearwall (Fastening Schedule and Wall Covering)?

\_\_\_\_\_ E. Roof (Structural Details)? **(Please provide page number to the following.)**

	<b>Page No.</b>		<b>Page No.</b>
Size	_____	Cutting	_____
Roof Overhang	_____	Insulation R-Factor	_____
Listed Rafters	_____	Truss Certification	_____
Spacing	_____	Repair Method(s)	_____
Glue Applications	_____	Rafter Test	_____
Fasteners Schedule	_____	Detail Rafter	_____
Fasteners size, gauge,	_____	Test Equipment	_____
number and pattern	_____	Frequency of	_____
Notching	_____	Rafter Test	_____
Drilling	_____	Rafter Test Results	_____

\_\_\_\_\_ F. Ceiling? **(Please provide page number to the following.)**

	<b>Page No.</b>		<b>Page No.</b>
Shearwall Fastening	_____	Vapor Barrier	_____
Material Specifications	_____	Installation	_____
Fasteners size, gauge,	_____		
number and pattern	_____		

\_\_\_\_\_ G. Ridge Beam? **(Please provide page number to the following.)**

	<b>Page No.</b>		<b>Page No.</b>
Size	_____	Glue Application	_____
Size & # Layers	_____	Material	_____
Size and opening span	_____	Fasteners size, gauge,	_____
Splicing	_____	number and pattern	_____

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### 4. INSTALLATION INSTRUCTION? (Please provide page number to the following.)

#### Page No.

- A. Appliances? \_\_\_\_\_  
Cooking \_\_\_\_\_  
Heating \_\_\_\_\_  
Cooling \_\_\_\_\_  
Garbage Disposal \_\_\_\_\_

- B. Plumbing Fixture (listing)..... Page Number \_\_\_\_\_  
C. GFI..... Page Number \_\_\_\_\_  
D. Insulation..... Page Number \_\_\_\_\_  
  
E. Roof..... Page Number \_\_\_\_\_  
F. Siding..... Page Number \_\_\_\_\_  
G. Windows and Doors..... Page Number \_\_\_\_\_  
H. Bottom Board..... Page Number \_\_\_\_\_

### 5. FLOOR PLAN DETAIL..... **Plan** Number \_\_\_\_\_

- A. Egress for each sleeping room..... Page Number \_\_\_\_\_  
B. Window Size..... Page Number \_\_\_\_\_  
C. Window Location..... Page Number \_\_\_\_\_  
D. Door Location..... Page Number \_\_\_\_\_  
    Single wide \_\_\_\_\_ Double wide \_\_\_\_\_ Triple wide \_\_\_\_\_ Quad wide \_\_\_\_\_  
E. Door Size..... Page Number \_\_\_\_\_  
F. Smoke Detector Locations..... Page Number \_\_\_\_\_  
G. Shearwall..... Page Number \_\_\_\_\_  
H. Furnace/Water Heater Compartment..... Page Number \_\_\_\_\_  
I. Range Hood..... Page Number \_\_\_\_\_

### 6. ELECTRICAL DETAIL..... **Plan** Number \_\_\_\_\_

- A. Receptacle..... Page Number \_\_\_\_\_  
B. Lights..... Page Number \_\_\_\_\_  
C. Fixed Appliances..... Page Number \_\_\_\_\_  
D. Size Conductors..... Page Number \_\_\_\_\_  
E. Size Breakers..... Page Number \_\_\_\_\_  
F. Circuits Identified..... Page Number \_\_\_\_\_  
G. Distribution Panel Layout..... Page Number \_\_\_\_\_

### 7. WATER SYSTEM SCHEMATIC..... **Plan** Number \_\_\_\_\_

- A. Size Piping..... Page Number \_\_\_\_\_  
B. Fixture Listing..... Page Number \_\_\_\_\_

### 8. PLUMBING WASTE AND VENT SYSTEM..... **Plan** Number \_\_\_\_\_

- A. Appliance Listing..... Page Number \_\_\_\_\_  
B. Plumbing/Venting Schematic..... Page Number \_\_\_\_\_  
C. Type Fitting..... Page Number \_\_\_\_\_

## MANUFACTURED HOUSING SECTION

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9. HEATING /COOLING SYSTEM.....	<b>Plan Number</b> _____
A. Size Duct System.....	Page Number _____
B. Size Registers.....	Page Number _____
C. Size Heating Unit.....	Page Number _____
D. Size Cooling Unit.....	Page Number _____
E. Details on Return Air.....	Page Number _____
F. Electrical Ground (Duct).....	Page Number _____
G. Duct Secured.....	Page Number _____
H. Duct Boot Details.....	Page Number _____
I. Location of Thermostat.....	Page Number _____
J. Gas Lines Sized.....	Page Number _____
K. Gas System Design.....	Page Number _____
L. Pressure Test of Air Duct.....	Page Number _____

10. FINAL FINISH.....	<b>Plan Number</b> _____
YES/NO	
_____ A. Are all applications secured?.....	Page Number _____
_____ B. Operating instructions with appliances?	
_____ C. Complete installation instructions provided and shipped in each home?	
_____ D. Is main drain completely installed?.....	Page Number _____
_____ E. Does manual describe when and where HUD labels are to be affixed?.....	Page Number _____
_____ F. Are all applicable labels affixed to the home?	
1. Laundry Clearance.....	Page Number _____
2. Electrical.....	Page Number _____
3. Fresh Water.....	Page Number _____
4. Gas Dryer Outlet.....	Page Number _____
5. Gas Supply .....	Page Number _____
6. Gas Supply Location.....	Page Number _____
7. Electrical Circuits.....	Page Number _____
8. Data Plate Affixed.....	Page Number _____
9. Data Plate Properly filled out.....	Page Number _____
10. Formaldehyde Warning Label.....	Page Number _____

### 11. OBSERVATIONS OF Q.C. PERSONNEL'S ABILITY AND PERFORMANCE

YES/NO

- \_\_\_\_\_ A. Were the Q.C. personnel able to find specific approved drawings in an adequate amount of time?
- \_\_\_\_\_ B. Could the Q.C. personnel interpret the approved plans and apply them to the specific portion of the manufactured home being produced?
- \_\_\_\_\_ C. Does the Q.C. personnel know his quality control responsibilities in accordance with the approved Q.C. manual?
- \_\_\_\_\_ D. Did the Q.C. personnel use the approved Q.C. checklist when inspecting all manufactured home being produced?



## MANUFACTURED HOUSING SECTION

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YES/NO

\_\_\_\_\_ E. When the Q.C. personnel or the IPIA inspector discovered that non-compliance  
Existed, did the Q.C. personnel?

YES/NO

- \_\_\_\_\_ 1. Assure that the non-compliance was corrected?
- \_\_\_\_\_ 2. Check other manufactured home being produced to see if the same  
non-compliance existed in them?
- \_\_\_\_\_ 3. Take necessary actions needed in order to prevent similar violations  
from occurring?

\_\_\_\_\_ F. Does the Q.C. personnel keep both the approved design and the Q.A. Manual  
updated and in order?

G. When the approved design is not specific, how does the Q.C. personnel assure  
Compliance with the HUD Standards?

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### 12. MANUFACTURER'S CONSUMER COMPLAINT & REMEDIAL ACTION EVALUATION, HUD REGULATIONS 3282.405(a)

YES/NO

\_\_\_\_\_ A. Does the manufacturer have a separate filing system for consumer complaints and  
remedial action?

\_\_\_\_\_ If no, does the manufacturer maintain a log book which lists all problems received from  
all sources and the status and disposition of each problem?

If other system is used, please explain. \_\_\_\_\_

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B. Who will be responsible for keeping the file current to assure that the manufacturer makes  
a determination on the nature of the problem, within the 20 day time limit, as prescribed  
by HUD Regulations 3282.404(b)?

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\_\_\_\_\_ C. Was Form HSMV-81020, Manufacturer's Complaint Record discussed with the General  
Manager as an example of the type of information to be compiled and documented on  
each problem described in Subpart I of the HUD Regulations?

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### ATTACHMENT E



**Terry L. Rhodes**  
Executive Director

2900 Apalachee Parkway  
Tallahassee, Florida 32399-0500  
www.flhsmv.gov

\_\_\_\_\_  
DATE

Disbursement of \_\_\_\_\_ Federal HUD Labels has been made this date to:  
how many

Manufacturer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Received by: \_\_\_\_\_ / \_\_\_\_\_  
Signature of Authorized Representative                      Type of Print Name

SERIES:      FLA \_\_\_\_\_ thru FLA \_\_\_\_\_

Distribution by: \_\_\_\_\_ / Regional Office \_\_\_\_\_  
\_\_\_\_\_

Please list HUD label and ID#

FLA _____	assigned to ID# _____
FLA _____	assigned to ID# _____
FLA _____	assigned to ID# _____
FLA _____	assigned to ID# _____
FLA _____	assigned to ID# _____
FLA _____	assigned to ID# _____
FLA _____	assigned to ID# _____
FLA _____	assigned to ID# _____

HSMV-81313

Revised 01/05/16

# MANUFACTURED HOUSING SECTION

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## ATTACHMENT F

IPIA's REPORT # \_\_\_\_\_

### FLORIDA MANUFACTURER'S INSPECTION REPORT

MFR. \_\_\_\_\_ DATE \_\_\_\_\_

#### List Below in Sequential Order the ID # of Each Unit Inspected

ID #	Station	ID #	Station	ID #	Station	ID #	Station

HUD LABEL # \_\_\_\_\_ ID # \_\_\_\_\_ ☐ PRINTS ☐ APPLIANCES

#### Testing Required By The Standard

ID #	Plumbing	ID #	Gas System	ID #	Electrical
	Fixture		Before Appl Conn		Continuity
	Tub/Shower		After Appl Conn		Operational
	Drainage/Vent		Egress Window		Dielectric
	Water System	<input type="checkbox"/> Yes <input type="checkbox"/> No	Material Storage		Polarity Fixture
<b>NEW/UPDATE CERT.</b>					Polarity Receptacle
SUBJECT			DRAWING PRT #	MODEL #	APPROVAL DATE
COMMENTS:					

Station description and process shall be recorded to comply with the DAPIA approved Q.A. Manual.

#### NOTICE:

Noted in this report are violations to the Federal Manufactured Home Construction and Safety Standards found by Florida Manufactured Housing Section Personnel while conducting an inspection in this plant on the date listed below.

In order for you to sell or offer for sale mobile homes, you must comply with Title VI, Section 601 of the National Manufactured Home Construction and Safety Standards Act of 1974. All violations must be corrected immediately. **Homes that are red tagged WILL REQUIRE a re-inspection before red tags can be removed and the mobile homes shipped.**

Time In \_\_\_\_\_ Out \_\_\_\_\_

Time In \_\_\_\_\_ Out \_\_\_\_\_

Travel Time To: \_\_\_\_\_ From \_\_\_\_\_

Total Time \_\_\_\_\_

\_\_\_\_\_  
Q.C.'s SIGNATURE DATE

\_\_\_\_\_  
SUPERVISOR REVIEW DATE

Manual/Plan Review Time \_\_\_\_\_

Total HUD M.H. Insp. Time \_\_\_\_\_

All homes have been inspected today in at least one phase of production and are in compliance with DAPIA/HUD and QA Manual. Except for items stated on reverse side.

\_\_\_\_\_  
INSPECTOR'S SIGNATURE DATE

HSMV-81010 (Rev. 01/16)

Revised 01/05/16

## MANUFACTURED HOUSING SECTION

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## MANUFACTURED HOUSING SECTION

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### ATTACHMENT G FLORIDA MANUFACTURER'S INSPECTION SUPPLEMENT REPORT

PLANT: \_\_\_\_\_

DATE OF INSP.: \_\_\_\_\_

INSP. REPORT NO.: \_\_\_\_\_

DUE DATE: \_\_\_\_\_

1. PROBLEM/NONCONFORMANCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SOURCE: \_\_\_\_\_

\_\_\_\_\_

PREVENTATIVE ACTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NO. UNITS: \_\_\_\_\_ ☐ ACCEPT ☐ REJECT IPIA SIGNATURE \_\_\_\_\_

---

2. PROBLEM/NONCONFORMANCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SOURCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PREVENTATIVE ACTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NO. UNITS: \_\_\_\_\_ ☐ ACCEPT ☐ REJECT IPIA SIGNATURE \_\_\_\_\_

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COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: Plant Management \_\_\_\_\_ Date \_\_\_\_\_

## MANUFACTURED HOUSING SECTION

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3. PROBLEM/NONCONFORMANCE: \_\_\_\_\_

\_\_\_\_\_

SOURCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PREVENTATIVE ACTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NO. UNITS: \_\_\_\_\_ ☐ ACCEPT ☐ REJECT IPIA SIGNATURE \_\_\_\_\_

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4. PROBLEM/NONCONFORMANCE: \_\_\_\_\_

\_\_\_\_\_

SOURCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PREVENTATIVE ACTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NO. UNITS: \_\_\_\_\_ ☐ ACCEPT ☐ REJECT IPIA SIGNATURE \_\_\_\_\_

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5. PROBLEM/NONCONFORMANCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SOURCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PREVENTATIVE ACTION: \_\_\_\_\_

\_\_\_\_\_

NO. UNITS: \_\_\_\_\_ ☐ ACCEPT ☐ REJECT IPIA SIGNATURE \_\_\_\_\_

## MANUFACTURED HOUSING SECTION

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## ATTACHMENT H

# TRACKING CHART

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